



Complete Summary

GUIDELINE TITLE

The pediatrician and disaster preparedness.

BIBLIOGRAPHIC SOURCE(S)

American Academy of Pediatrics Committee on Pediatric Emergency Medicine, American Academy of Pediatrics Committee on Medical Liability, Task Force on Terrorism. The pediatrician and disaster preparedness. Pediatrics 2006 Feb;117(2):560-5. [1 reference] [PubMed](#)

GUIDELINE STATUS

This is the current release of the guideline.

It updates a previously published version: Pediatricians' liability during disasters. Committee on Pediatric Emergency Medicine. Pediatrics. 2000 Dec;106(6):1492-3.

All policy statements from the American Academy of Pediatrics automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.

COMPLETE SUMMARY CONTENT

SCOPE

METHODOLOGY - including Rating Scheme and Cost Analysis

RECOMMENDATIONS

EVIDENCE SUPPORTING THE RECOMMENDATIONS

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

QUALIFYING STATEMENTS

IMPLEMENTATION OF THE GUIDELINE

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT

CATEGORIES

IDENTIFYING INFORMATION AND AVAILABILITY

DISCLAIMER

SCOPE

DISEASE/CONDITION(S)

Health emergencies resulting from natural disasters and terrorism events

GUIDELINE CATEGORY

Management

CLINICAL SPECIALTY

Emergency Medicine
Family Practice
Pediatrics

INTENDED USERS

Hospitals
Physicians
Public Health Departments

GUIDELINE OBJECTIVE(S)

To provide guidance to pediatricians that will prepare them for natural disasters or events of terrorism

TARGET POPULATION

Children (including children with special health care needs) and their families

INTERVENTIONS AND PRACTICES CONSIDERED

1. Pediatrician education regarding pediatric disaster management, including chemical, biological, explosive, radiologic, and nuclear events and physician liability during disasters
2. Advocating for the inclusion of the needs of children in all federal, state, and local disaster planning
3. Participating in local community, office, hospital, school, and child care disaster planning
4. Providing guidance to families on home disaster preparedness including considerations for children with specific health care needs
5. Participating in disease surveillance and reporting to local health departments
6. Providing guidance to volunteer programs

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus (Committee)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

1. Pediatricians should advocate for the inclusion of the needs of children in all federal, state, and local disaster planning.

2. Pediatricians and pediatric trainees should become knowledgeable in issues related to pediatric disaster management, including chemical, biological, explosive, radiologic, and nuclear events and physician liability during disasters.
3. Pediatricians should participate in disaster planning by:
 - Taking part in local community and hospital disaster planning, exercises, and drills through emergency medical services and public health systems
 - Preparing and regularly updating and practicing an office disaster plan
 - Working with schools and child care centers in developing disaster plans
 - Providing anticipatory guidance to families on home disaster preparedness, with consideration given to the unique problems faced by children with special health care needs
 - Participating in disease surveillance and reporting to local health departments
 - Participating with and providing guidance to medical volunteer programs such as disaster medical assistance teams, Medical Reserve Corps, and other response teams to ensure that they are equipped and trained for the care of children
4. Pediatricians need to educate themselves regarding liability issues during the acute and recovery phases of a disaster, including:
 - Individual states' Good Samaritan statutes and protections afforded while providing emergency care during a disaster and any limitations to those protections
 - Individual liability insurance coverage protections and limitations outside of the usual scope of practice and practice settings when providing urgent and routine care
 - The importance of working under the auspices of an official government or disaster agency for volunteer liability protection to apply

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting the recommendations is not specifically stated.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Improved disaster preparedness of pediatricians

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

The guidance in this report does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

IMPLEMENTATION TOOLS

Patient Resources

For information about [availability](#), see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2000 Dec (revised 2006 Feb)

GUIDELINE DEVELOPER(S)

American Academy of Pediatrics - Medical Specialty Society

SOURCE(S) OF FUNDING

American Academy of Pediatrics

GUIDELINE COMMITTEE

Committee on Pediatric Emergency Medicine
Committee on Medical Liability and the Task Force on Terrorism

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

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GUIDELINE AVAILABILITY

Electronic copies: Available from the [American Academy of Pediatrics \(AAP\) Policy Web site](#).

Print copies: Available from American Academy of Pediatrics, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

A variety of patient and family education resources are available from the [American Academy of Pediatrics Web site](#).

Please note: This patient information is intended to provide health professionals with information to share with their patients to help them better understand their health and their diagnosed disorders. By providing access to this patient information, it is not the intention of NGC to provide specific medical advice for particular patients. Rather we urge patients and their representatives to review this material and then to consult with a licensed health professional for evaluation of treatment options suitable for them as well as for diagnosis and answers to their personal medical questions. This patient information has been derived and prepared from a guideline for health care professionals included on NGC by the authors or publishers of that original guideline. The patient information is not reviewed by NGC to establish whether or not it accurately reflects the original guideline's content.

NGC STATUS

This NGC summary was completed by ECRI on April 3, 2006. The information was verified by the guideline developer on April 11, 2006.

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